

091786191

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|-----------|-----------|-------------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>AS</i> | <i>45</i> | <i>3/17</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|------|
| 1 | 12/8 |
| 2 | ✓ ✓ |
| 3 | ✓ |
| 4 | ✓ ✓ |
| 5 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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